Michigan Health Information Technology Commission

2020 Annual Report

MDHHS

Michigan Department of Health & Human Services

GRETCHEN WHITMER, GOVERNOR | ELIZABETH HERTEL, DIRECTOR

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EXECUTIVE SUMMARY

The members of the Health Information Technology ("Health IT") Commission have developed the following report to detail the Commission's findings and recommendations in 2020. This annual report provides strategic recommendations to standing committees of the Michigan Legislature, pursuant to section 2505 of Public Act 137 of 2006.

Administration

Michigan Department of Health and Human Services (MDHHS), through its Policy and Planning Administration, provides support for the Michigan Health IT Commission (Commission) and its committees. The purpose of the Commission. is to "promote the design, implementation, operation, and maintenance of an interoperable healthcare information infrastructure in this state." The Commission serves in an advisory role to MDHHS, and as a conduit for communication and engagement of stakeholders across the ecosystems of healthcare and social services. Pursuant to Public Act 137 of 2006, the Commission may assemble committees with expert members of the public to address topics such as interoperability, technical standards, security, electronic health records, consumer privacy and quality of care. The Policy and Planning Administration works collaboratively with the Commission to develop strategy and policy documents for public use. In 2020, the Commission accepted a $500,000 grant from the Michigan Health Endowment Fund to update the Michigan's strategic plan for health IT.[1] The Policy and Planning Administration provides project oversight and management of the Commission's strategic planning activities, including the Commission strategic plan update efforts. The outcome of those efforts, expected to be completed in 2021, will be Michigan's 5-Year Statewide Health IT and Health Information Exchange (HIE) Roadmap (Roadmap).

2020 in Review

In 2020, the Commission began activities to update Michigan's 2006 health IT strategy, The Conduit to Care Report.[2] With grant funding from the Michigan Health Endowment Fund, the consulting firm CedarBridge Group (CedarBridge) was selected to lead engagement with stakeholders, conduct an environmental scan of current state health IT and strategies to improve health IT infrastructure in the state and draft an updated roadmap. Initially, the project was scheduled to be completed in 2020. However, due to the coronavirus pandemic, the Michigan Health Endowment Fund and the Commission agreed to an extended timeline, to allow stakeholders more time to submit feedback, and to move activities to an online format.

[1] The Michigan Health Endowment Fund works to improve the health and wellness of Michigan residents and reduce the cost of healthcare, with a special focus on children and older adults. The foundation has five annual grant programs. For more information about the Health Fund and its grantmaking, visit www.mihealthfund.org.
[2] Access to the Conduit to Care report: https://www.michigan.gov/documents/mihin/MiHIN_Report_Compress_v2_180321_7.pdf

By summer 2020, over 650 individual stakeholders representing almost 315 Michigan health, social services, consumer, and government organizations were contacted and invited to participate in roadmap update activities. Leveraging the partnership of numerous state associations, such as Michigan Community Action, the Michigan State Medical Society, and the Area Agencies on Aging Association of Michigan, over 150 associations were individually engaged to complete a virtual survey that assesses health IT capabilities and data interoperability needs. The Commission also invited feedback from the public in 2020. From September to November 2020, over 400 attendees participated in a series of virtual listening sessions to identify key issues and opportunities related to health IT, including regional considerations. This annual report provides some preliminary findings from this engagement.

650+ stakeholders engaged

Representing 300+ Michigan organizations

In healthcare, social services, government and consumer advocacy

This 2021 Annual Report outlines recommendations that will advance health IT and information exchange, in anticipation of the statewide Roadmap by fall 2021. In this report, the Commission presents strategies and recommendations for some of the most critical short term needs around health IT and health data exchange, developed from stakeholder input, with contributing expertise of Commission members, MDHHS staff, and CedarBridge consultants. Throughout 2021, the Commission will continue to engage with stakeholders, identify shared priorities, and develop a more comprehensive, statewide health IT and HIE Roadmap, encompassing priorities for both public and private sectors.

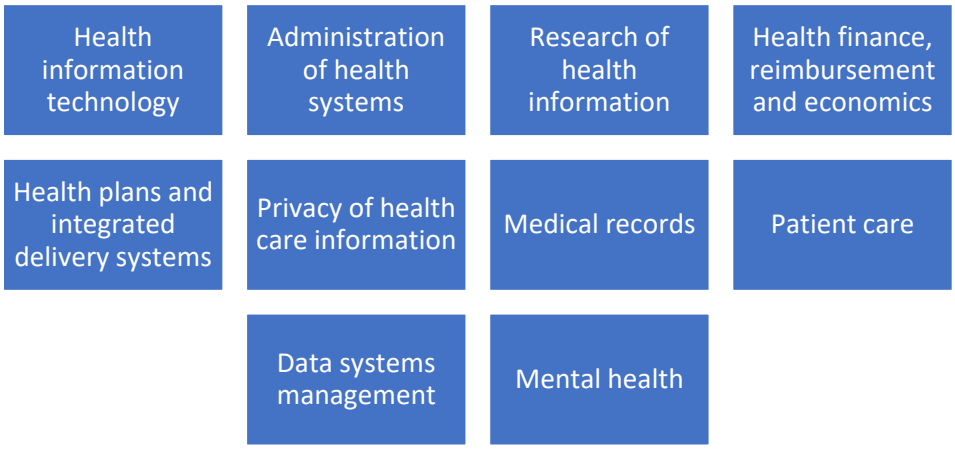
The Commission urges its state partners, including MDHHS leadership, the Michigan Legislature, and the Executive Offices of the Governor and Lt. Governor, be change agents in removing barriers to interoperability and data sharing, and support the advancement of both short and longer term health IT strategies to improve individual and population health outcomes, help address issues affecting provider job satisfaction, and engaging individuals in their own health improvement while protecting rights to privacy of sensitive information and agency over end of life care planning. All of these outcomes and other positive outcomes can

be enabled through health IT and better use of data. We encourage participation of state leaders in planning for and supporting Michigan's future; as we continue to tackle the global pandemic together, can also prepare for healthier communities and families through this work.

THE COMMISSION AND ITS MEMBERS

The Michigan Legislature established Public Act 137 in 2006 to create the Michigan Health Information Technology (HIT) Commission.[3] The Commission's purpose, membership and operations are governed by section 2503 of Public Act 137-2006. Members of the Commission are appointed by the governor without the advice of the Michigan Senate.

Members of the Health IT Commission represent a diverse range of sectors and expertise in healthcare across the State of Michigan. The Commission has thirteen (13) members. Commission representation is comprised of individuals representing both the public and private sectors, with expertise in at least 1 of the following areas:



At its November 2020 public meeting, the Commission adopted bylaws.[4] These bylaws establish procedures for conducting business, both for public meetings and committees. At the start of 2021, the Commission will seek to establish three committees:

- Adoption and Expansion Committee
- Ideation Committee
- Governance Committee

[3] Access to PA 137-2006: http://www.legislature.mi.gov/documents/2005-2006/publicact/pdf/2006-PA-0137.pdf
[4] Access to Commission bylaws: https://www.michigan.gov/documents/mdhhs/Michigan_Health_Information_Technology_Commission_Bylaws_v1.0_2020.11.17_708147_7.pdf

According to the bylaws, Commission members participating in committees will elect a chairperson, establish a charter, and approve public participant applications by its first public meeting in 2021. Commissioners are appointed for four-year terms. At the start of 2021, there is one vacancy on the Commission.

The following individuals are serving as Commissioners, as of January 1, 2021:

Statutory Designation	***Member***
(a) The director of the department (the Michigan Department of Health and Human Services [MDHHS]) or his or her designee	**Sarah Esty** Term expires August 3, 2024
(b) The director of the department of information technology (the Michigan Department of Technology, Management and Budget [DTMB]) or his or her designee	**Jack Harris** Term expires August 3, 2024
(c) One individual representing a nonprofit health care corporation operating pursuant to the nonprofit health care corporation reform act, 1980 PA 350, MCL 550.1101 to 550.1703	Vacant
(d) One individual representing hospitals	**Jonathon Kufahl** Term expires August 3, 2021
(e) One individual representing doctors of medicine	**Michael Zaroukian, M.D., Ph.D., M.A.C.P., F.H.I.M.S.S.** Term expires August 3, 2023
(f) One individual representing doctors of osteopathic medicine and surgery	**Paul LaCasse, D.O., M.P.H.** Term expires August 3, 2023
(g) One individual representing purchasers or employers	**Pat Rinvelt** Term expires August 3, 2021
(h) One individual representing the pharmaceutical industry	**Allison Brenner, PharmD** Term expires August 3, 2024
(i) One individual representing schools of medicine in Michigan	**Norman Beauchamp, M.D.** Term expires August 3, 2021
(j) One individual representing the health information technology field	**Jim VanderMey** Term expires August 3, 2022
(k) One individual representing pharmacists	**Heather Somand, PharmD** Term expires August 3, 2022
(l) One individual representing health plans or other third-party payers	**Nicholas D'Isa** ***Commission Chairperson*** Term expires August 3, 2022
(m) One individual representing consumers	**Renée Smiddy, M.S.B.A.** Term expires August 3, 2022

In 2020, the Commission established a Roadmap Steering Committee to guide the implementation of its strategic planning activities.[5] The Steering Committee, supported by MDHHS staff and CedarBridge consultants, is comprised by following individuals:

- Commissioner Sarah Esty
- Commissioner Renee Smiddy
- Commissioner Heather Somand
- Commissioner Jim VanderMey
- Commissioner Michael Zaroukian

[5] Information on Roadmap Steering Committee membership, charter, and activities: https://www.michigan.gov/mdhhs/0,5885,7-339-71551_5460_44257-532592--,00.html

COMMISSION MEETINGS

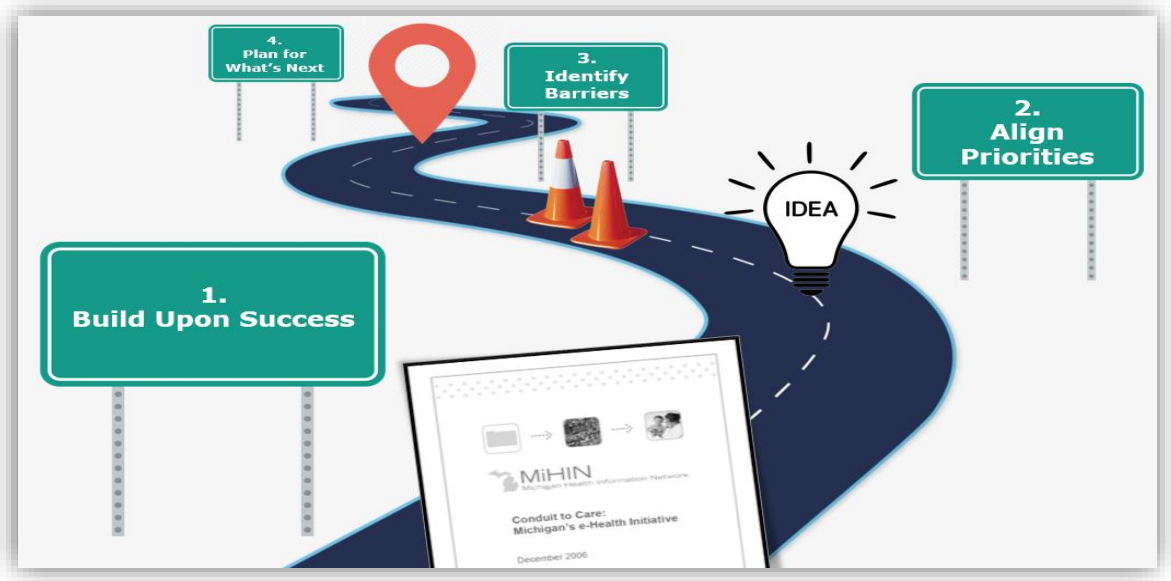
The Commission meets at least quarterly. During 2020, quorum was met at all meetings, as required by statute to conduct business. The following topics were discussed at each meeting:

Month	Meeting Topic	Attendance

February	The Commission received an update on federal and state strategies for health IT development. The agenda included the following content:
	• Update on MDHHS data strategy
	• Recap of Office of the National Coordinator for Health IT (ONC) annual conference
	• Introduction to roadmap update processes
	• Update from state HIE organizations
	  ○ Upper Peninsula Health Information Exchange (UPHIE)
	  ○ Michigan Health Information Network (MiHIN)
		12 out of 13 Commissioners participated in the February meeting.

June	Considering the global pandemic, the Commission was briefed on various strategies to advance the roadmap efforts. The agenda included the following content: • Digital strategies from the Health Information and Management Systems Society (HIMSS) • Operational updates from the Jackson Community Medical Record (JCMR), now known as the Community Health Technology Network (CHTN) • Strategic updates from MiHIN • An introduction to CedarBridge Group (consulting firm contracted to support Health IT Roadmap development)	12 out of 13 Commissioners participated in the June meeting.
September	The Commission learned about Blue Cross Blue Shield of Michigan (BCBS) health IT initiatives and progress on the health IT roadmap effort. The agenda included the following content: • An update on the BCBS "Electronic Health Record (EHR) Vendor Initiative" • Project update from the CedarBridge Group and the Commission's Roadmap Steering Committee	All 13 Commissioners participated in the September meeting.
November	The Commission received policy recommendations from MiHIN and an update on the health IT roadmap effort. The agenda included the following content: • Discussion of Commission bylaws • Program and interoperability updates from MiHIN • Project update from the CedarBridge Group and the Commission's Roadmap Steering Committee	All 13 Commissioners participated in the November meeting.

2020 ACTIVITIES



The 2019 Health IT Commission Annual Report described a plan to develop an updated Health IT Roadmap.[6] Visualized in the graphic above, the Commission's 2020 strategic planning activities were determined to occur in the following four categories:

1. ***Build upon success***
   Perform an environmental scan to inventory the state's current health IT assets and identify strategies to enhance existing investments

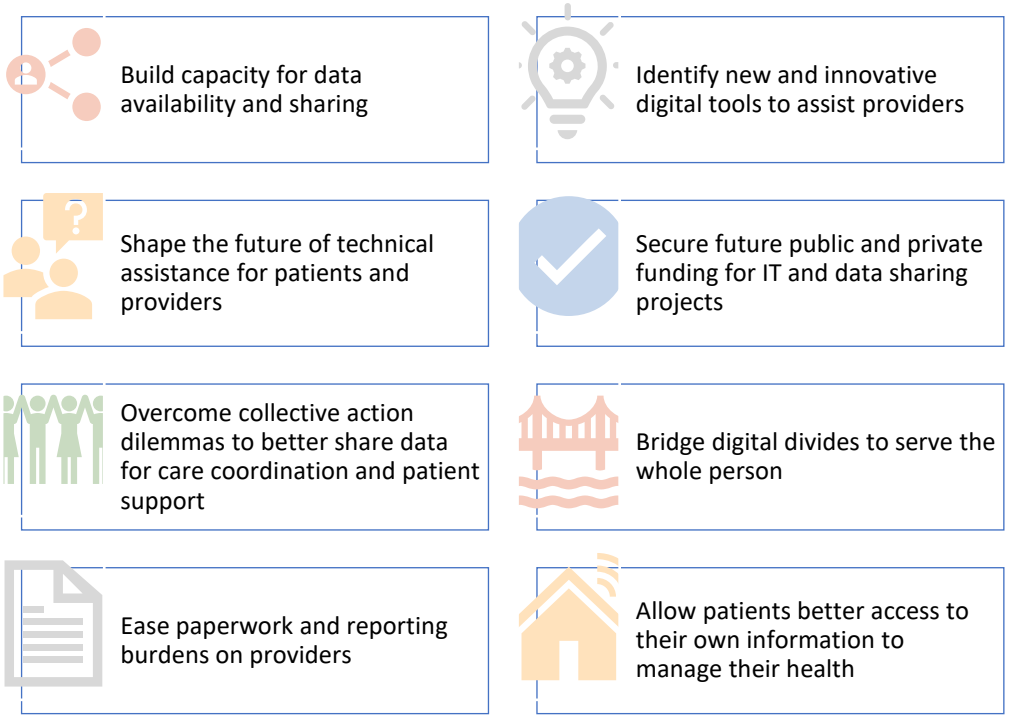
2. ***Align priorities***
   Engage the broad representation of stakeholders across Michigan's healthcare and community service ecosystem to develop consensus-driven visioning and strategy

3. ***Identify barriers***
   Conduct a gap analysis to educate the Commission and stakeholders on the current technical competencies, barriers, and develop a strategic baseline from which the roadmap can develop long-term goals and priorities

4. ***Plan for what is next***
   Develop an incremental 5-year strategy for enhancing health IT in the state and provide Commission with metrics to track performance as it is implemented

[6] Access to the Commission 2019 annual report: https://www.michigan.gov/documents/mdhhs/Health_Information_Technology_Commission_2019_Annual_Report_683370_7.pdf

At the Commission's June 2020 public meeting, a dedicated committee was launched to provide strategic direction to CedarBridge Group as activities to engage stakeholders kicked off. The Commission's Roadmap Steering Committee identified the following principles to convey key objectives of the roadmap to stakeholders:



By March 2020, both the Michigan Health Endowment Fund and the Commission identified the limitations presented by the emerging coronavirus pandemic, and they agreed to an extended timeline for the Health IT Roadmap development. Initially, the Roadmap was scheduled to be completed by fall 2020, using in-person stakeholder sessions to gather feedback. However, to preserve safety and in respect of the time and resource constraints of stakeholders during the pandemic, the Commission proposed a virtual engagement strategy that would extend into 2021. The Commission remained committed to the importance of an updated Health IT Roadmap, given the critical importance of health data, disease surveillance and care coordination, especially during a global pandemic.

Throughout 2020, the Commission, with facilitation by CedarBridge Group, made significant progress executing Roadmap activities, despite logistical challenges presented by the pandemic. Virtual public forums, surveys and key informant interviews were conducted to compile feedback for the 5-year Health IT Roadmap.

Introductory Engagement

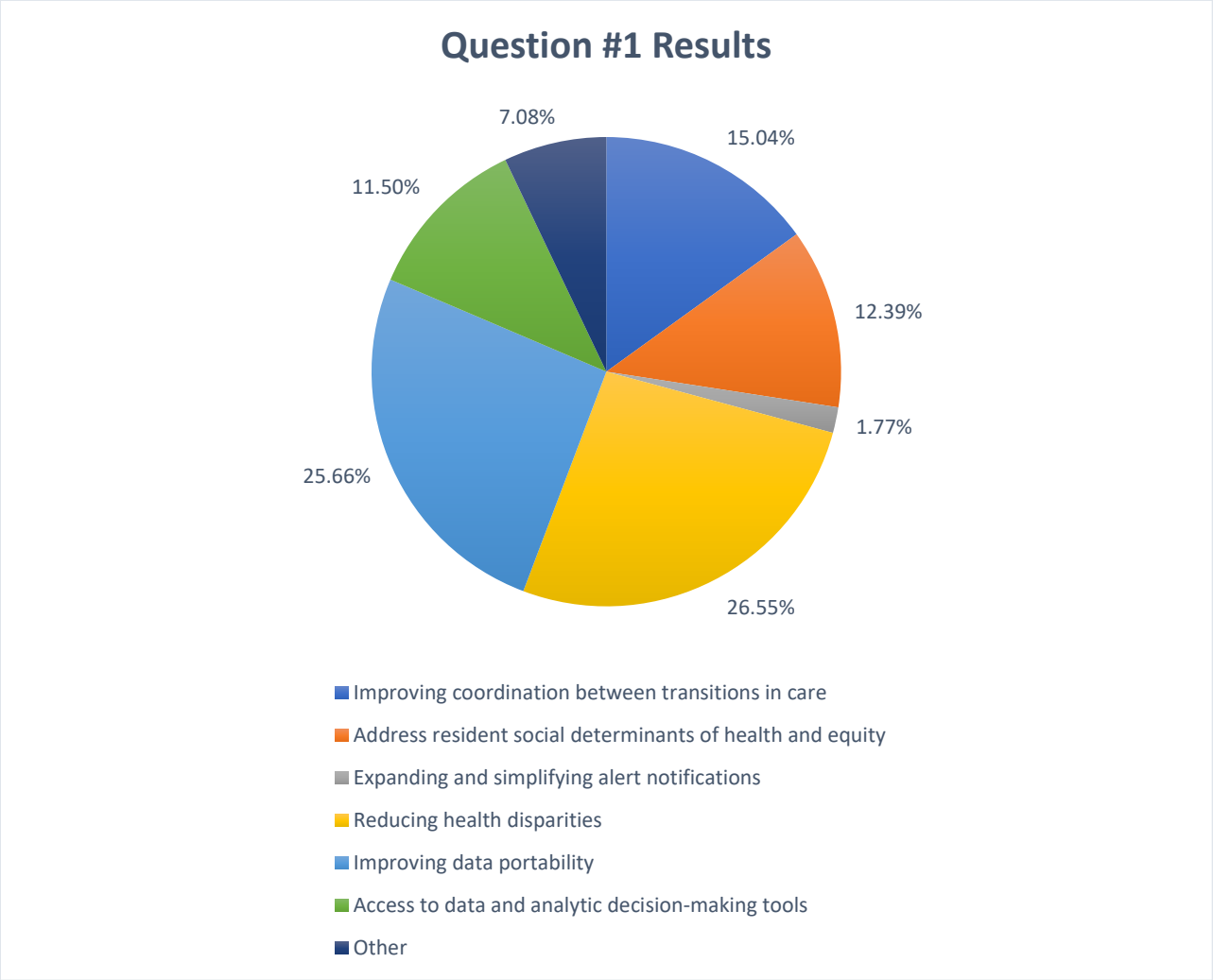
In August 2020, the MDHHS Policy and Planning Administration sent communications to over 650 individual stakeholders, inviting them to participate in Roadmap activities and submit feedback. The communication efforts reached over 300 organizations spanning healthcare and social service organizations of all types; behavioral health organizations; primary care practices; hospitals and health systems; and many others. Throughout 2020, the Commission leveraged relationships with associations, networks, and organizations across the state to engage as many stakeholders as possible. Some of the many stakeholder partners include:

Area Agencies on Aging Association of Michigan	Community Health innovation Regions	Community Mental Health Association of Michigan	Critical Access Hospitals	Federally Qualified Health Centers
Greater Detroit Area Health Council	Hospitals and Health Systems	Independent Clinical Providers	Local Health Departments	Long Term Care Facilities
Michigan 211	Michigan Academy of Family Practices	Michigan Center for Rural Health	Michigan Coalition Against Homelessness	Michigan Community Action
Michigan Dental Association	Michigan Health and Hospital Association	Michigan Health Improvement Alliance	Michigan Medicaid Health Plans	Michigan Non-Profit Association
Michigan Optometric Association	Michigan Primary Care Association	Michigan School Nurse Association	Michigan State Medical Society	MPRO
Physcian Organizations	Planned Parenthood of Michigan	School-Based Health Centers	Substance Use Disorder Treatment Centers	United Way

In its initial communication messages, the Commission provided a two-question survey for stakeholders to complete. The survey provided the Commission with initial data into the priorities, pain points and opportunities facing stakeholders, especially in their experience addressing the coronavirus pandemic. Of the nearly 120 replies to the survey, the following diagrams describe the results from the two questions.

Question #1 (Select One Answer):

Michigan's strategic plan for health information technology (i.e., "Roadmap") has not been updated in over a decade. In 2020, our nation and state has persevered through many challenges, but it has also witnessed many opportunities for meaningful change. If the updated Health IT Roadmap for Michigan could address one thing, what do you think the greatest opportunity is?



Question #2 (Short Answer):

In retrospect from the current time (August 2020), what investments in health information technology, data services, and/or policies would have assisted your organization in addressing the coronavirus pandemic?

Categories of responses include:


Recognize impact of health disparities


Incompatibilities between data systems


Access to internet


Support telemedicine


Investment in public health data systems


Access to coronavirus testing results


Linkages between healthcare and community organizations


Artificial intelligence and machine learning applications


Seamless data sharing


Investment in remote devices

Stakeholder Forum Series

The Commission promoted opportunities to include feedback for the Roadmap from the public. From September to November 2020, sixteen virtual public forums were held, focused on the following eight topics:

Reflections on Health IT During a Global Pandemic **Public Health**	*Resident and Advocate Perspectives on Health IT* **Consumer Focused**
Coordinating During Crisis **Emergency Services**	*Bridging the Digital Divide* **Racial Disparities and Social Determinants of Health (SDoH)**
Connecting All Points of Care **Behavioral Health**	*Coordinating Care for the Vulnerable* **Aging and Disability Services**
Using Data to Drive Outcomes **Quality Improvement**	*Giving All Kids a Health Start* **Maternal, Infant and Children's Health**

The forum series attracted over 400 attendees in total. Individuals in attendance represented a range of interests, including rural health, behavioral health delivery systems, patient privacy and security, and local government agencies, among many others. Feedback collected from the forum series allowed for a broader range of representation and organizations to become engaged in the roadmap creation process. The following table demonstrates attendance for each forum topic.

Forum Topic	Total Attendees
Public health	69
Emergency Services	38
Behavioral Health	57
Quality Improvement	53
Consumer Focused	29
Racial Disparities and Social Determinants of Health	65
Aging and Disability Services	56
Maternal, Infant and Children's Health	33

Forum meetings utilized interactive polling and conversation starters to invite feedback in the virtual setting. One of the polling techniques included the use of priority ranking a set of solutions or topics, based on the perceived importance to the respondent. The following table demonstrates results from rank polling at select meetings.

Virtual Forum Polling Question:

What are the most important technology improvements relevant to today's topic?

Forum	Highest Ranked Options	Percent Selected as First or Second Choice
Behavioral Health	Expanding telemedicine services	88%
	Better defined data standards	56%
	Improving data quality	38%
Quality Improvement	Improving data quality	88%
	Affordable data extraction	50%
	Common data standards	38%
Consumer Focused	Single portal for access and management of personal health information	75%
	Access to broadband	75%
	Virtual visits for all care types and settings	25%
Health Disparities and Social Determinants of Health	Data sharing between social services and healthcare providers	75%
	Common data standards for social determinants	50%
	Connecting electronic health records to community organization tools	50%
Aging and Disabled Services	Access to social determinants data	100%
	Aggregate population health data	50%
	Admittance notification data	25%
Maternal, Infant and Children's Health Services	Investment in broadband access	80%
	Funding to offset client's device costs	40%
	Access to closed loop referral system	40%

Key Informant Interviews

At the Commission's September 2020 public meeting, a proposed list of key informants from 63 organization was confirmed to be appropriate for one-on-one and small group qualitative interviews. This list of key informants prioritized crucial industry and community leaders who could provide the Commission with intimate insight into the current and future state of health IT in Michigan. The list intentionally focused on identifying individuals who represented:

- Thought leadership and subject matter expertise in their field
- A depth of experience in healthcare, social services, care improvement, or care coordination

- The diversity of race, gender, and geographic distribution reflective of Michiganders

Organizations represented in key informant interviews include both small and large associations, state agencies, provider organizations, health systems, consumer groups, and many others across the domains of healthcare, public health, and social services. Some of the categories of organizations represented on the Commission's key informant list include:

A full list of organizations engaged in key informant interviews is available on the Commission web page.[7]

The following sections describe preliminary findings from stakeholder engagement to date. These sections also overview strategic recommendations considered by the Commission at its public meetings in 2020 that advance health IT and interoperability.

INVESTMENT IN PUBLIC HEALTH IT INFRASTRUCTURE

Early in the engagement process, the role of the global coronavirus pandemic was prominent in stakeholder feedback and considerations. Stakeholders continually reinforced the importance of optimized health IT and information exchange to help healthcare providers deal with COVID-19 related care, and to help public health officials implement testing and tracking strategies to minimize virus outbreaks as much as possible. As COVID-19 infection rates continue to present unprecedented strain on healthcare delivery systems, health information has remained an invaluable tool in identifying and addressing COVID-19 outbreaks in Michigan. Because of its ability to connect patient records across all levels in healthcare, previous investments in statewide health IT infrastructure have given decision-makers within healthcare, government, and public health access to invaluable insight. However, there is work needed to optimize and maximize the value of this and future infrastructure investments. At the state level, improvements to public health IT infrastructure will allow agencies to assess needs and address

[7] MDHHS Health IT Commission web page, https://www.michigan.gov/mdhhs/0,5885,7-339-71551_5460_44257---,00.html

disparities more rapidly in future public health emergencies.[8] Both statewide and targeted local investments in public health IT infrastructure are needed to better address both the current pandemic, as well as future public health threats. These systems include, but are not limited to, disease surveillance systems, contact tracing systems, and electronic case reporting systems. In addition to surveillance and monitoring capabilities, data interoperability between healthcare providers, local health departments and the state have optimized situational awareness of the novel coronavirus. Enhanced data sharing allows providers and the state to adequately coordinate care and plan for resources during public health emergencies. In the future, the Commission acknowledges the need to enhance routing of population health-related data for maximum care team awareness. To date, health information exchange has enhanced the state's public health response in the following ways:

- Evaluation of statewide hospital admittance data to determine bed capacity
- Alerting a patient's care team of COVID-19 diagnoses and hospital admittance
- Creating a statewide COVID-19 patient registry
- Providing seamless clinical connections between labs, immunization registries, providers, and patients

TELEHEALTH

According to the American Medical Association, even preceding the coronavirus pandemic, providers have been increasingly adopting digital health, remote care, and telemedicine tools. From 2016 to 2019, the study found that the number of providers adopting virtual visit and remote monitoring technology had nearly doubled.[9] Into 2020, the number of patients leveraging these technologies has exponentially increased, as well. A June 2020 study by the University of Michigan found that "one in four older Americans had a virtual medical visit in the first three months of the COVID-19 pandemic, most of them by video. That is much higher than the 4% of people over 50 who said they had ever had a virtual visit with a doctor in a similar poll

[8] National Institutes of Health (2020). Data harmonization and sharing are essential for COVID-19 research. https://www.nia.nih.gov/research/blog/2020/07/data-harmonization-and-sharing-are-essential-covid-19-research
[9] American Medical Association (2020). AMA Digital Health Resources: Physicians' motivations and requirements for adopting digital health adoption and attitudinal shifts from 2016 to 2019. https://www.ama-assn.org/system/files/2020-02/ama-digital-health-study.pdf

taken in 2019."[10] In response to the pandemic, Michigan providers rapidly expanded their use of telehealth and other virtual patient engagement technologies. For example, as of June 2020, Henry Ford Health System saw a 158% increase in virtual visits compared to the same period in 2019. Through the Commission's stakeholder engagement, it has become evident that telehealth is widely recognized as an essential tool for both providers and patients that should continue to expand and evolve.

In consideration of these evolutions, the Commission has considered several advantages of expanded telemedicine use throughout 2020. First, the pandemic has facilitated beneficial uses of more telehealth services for behavioral health conditions. Telemedicine use for behavioral health providers increased dramatically in 2020 and has remained a popular option. According to August 2020 data from Henry Ford Health System, virtual behavioral health visits represented the most significant share (at 24%) of its overall telemedicine encounters, even in comparison to family (20%) and internal medicine (13%). Throughout the state, use of virtual visit technology has reduced no-show rates and improved providers' ability to coordinate care for vulnerable populations, especially for behavioral health encounters.[11] Moreover, virtual behavioral health visits offer patients the flexibility and ease of access to connect with care, especially when coronavirus cases surged during early 2020.[12]

In addition to increasing access to behavioral health care, telemedicine has also opened new opportunities to increase more coordinated care for individuals with chronic illness. [13]. With documentation collected in an electronic health record (EHR) system during a telemedicine visit, consultations with specialists can take place asynchronously, reducing barriers for individuals in rural communities and underserved populations, such as lack of transportation or needing leave time from employment to travel to a major medical center, can be reduced. As the pandemic continues to put strain on healthcare delivery systems, it is imperative to support resources that keep care accessible, especially for vulnerable populations. This consideration is important to Michigan stakeholders. In a poll question conducted during stakeholder forum for

[10] University of Michigan (2020). Telehealth visits have skyrocketed for older adults but concerns, barriers remain. https://news.umich.edu/telehealth-visits-have-skyrocketed-for-older-adults-but-concerns-barriers-remain/
[11] According to stakeholder feedback from the Commission's behavioral health forums
[12] According to state Medicaid claims data depicting virtual behavioral and substance use disorder encounters
[13] Health Information and Management Systems Society (2020). Six Ways to Unleash the Potential of Telehealth. https://www.himss.org/resources/ways-unleash-potential-telehealth

Roadmap planning over 67% of respondents ranked telehealth as their first or second most important priority related to care for aging and disabled adults.

To support telemedicine, the Commission recommends the following:

- Support providers by enabling consistent telemedicine implementation and compliance policies
- Support health plans by facilitating the negotiation of a statewide rate for telehealth application
- Advocate for greater interoperability of technology systems used by telehealth providers
- Support onboarding of telehealth providers to MiHIN for information exchange
- Supporting telemedicine as a tool to address health equity and access issues

SOCIAL DETERMINANTS OF HEALTH

Addressing social determinants of health (SDoH) was identified as a strategic activity in the Commission's 2019 annual report. As stated in the report, it is estimated that 40% of general health and wellbeing is determined by socioeconomic factors, such as job status, community safety, and education level.[14] Consideration of these factors that affect health and wellbeing, known as SDoH, have increasingly attracted the attention of federal, state, and local health departments. During engagement activities for Roadmap planning in 2020, nearly all stakeholder groups identified the need to address SDoH as a high priority. Improved screening protocols for identifying clients' social risk factors was a common theme reported by healthcare providers.

The ability for providers to access information related to SDoH varies widely. According to stakeholder responses, many providers lack interoperable systems to input, report and monitor client SDoH assessment and referral information. Moreover, Michigan delivery systems were also reported as lacking the data standardization needed to seamlessly share client SDoH data, track referral status in a closed-loop platform, and monitor client outcomes. When standardization of data collection is lacking, digitized client information can remain siloed and static within a single system. According to stakeholders, significant gaps remain in understanding the needs of the state's most vulnerable populations, such as the homeless, especially in terms of improving their behavioral health conditions.

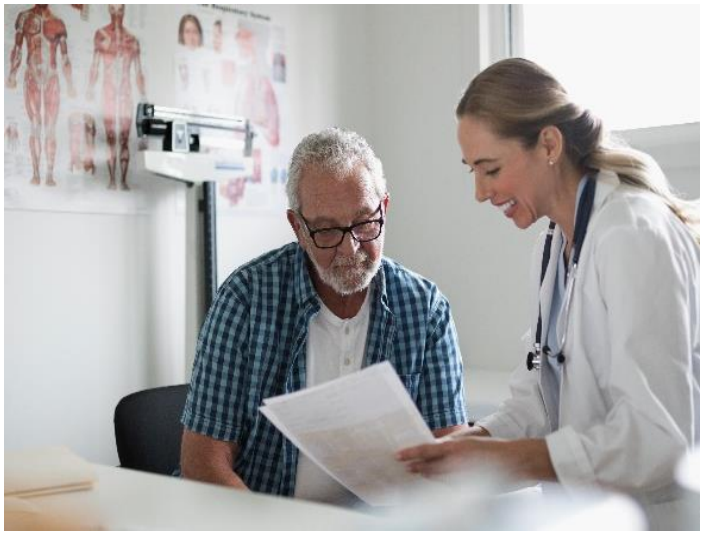
[14] Institute for Clinical Systems Improvement (October 2014). "Going Beyond Clinical Wall: Solving Complex Problems." https://www.nrhi.org/uploads/going-beyond-clinical-walls-solving-complexproblems.pdf

To advocate for greater action to address SDoH, the Commission recommends the following legislative actions:

- Provide resources for providers to better track, monitor and refer patients/clients between healthcare and social service delivery organizations
- Enable standardization of screening measures for each SDoH domain that allows for local use of various screening tools generating data that can be consistently aggregated and analyzed at a statewide level, especially in priority domains addressing food insecurity, housing, transportation, etc.
- Support for a statewide social health consortium and resource center that can help community-based organizations functionally organize and enable cross-sector data exchange through community information exchanges

ADVANCE CARE PLANNING

At the Commission's November 2020 public meeting, challenges related to advance care planning were explored. In the presentation, MiHIN and MidMichigan Health discussed the barriers patients face when attempting to complete written statements of wishes regarding medical treatment and the need to meet proper witness requirements. These written statements, or advance directives, present significant strain on patients wanting to plan their care, especially in tragic situations when their communication may not be possible. Throughout the coronavirus pandemic, various provisions in the Michigan Estates and Protected Individuals Code (EPIC)[15] have been identified as barriers in the advance directive process by various workgroups. The barriers are two-fold.



First, pandemic visitation restrictions further complicate the ability of a patient to obtain a witness for an advance directive. Given the inability of family members and healthcare workers to act as witness, visitation limitations have compounded the need to reevaluate how advance directives can obtain a proper witness.

[15] Link to EPIC: https://www.legislature.mi.gov/documents/mcl/pdf/mcl-Act-386-of-1998.pdf

Second, many advance directives remain static, paper-based documents. Given the dynamic nature of planning inherent to advance directives, it is imperative for the state to consider mechanisms that improve their portability and utility.[16] [17]

To support the evolution of advance directives, the Commission recommends the following regulatory changes:

- Expand provisions for allowable witnesses, such as up to one clinical caregiver, provider, or mental health caregiver/provider; or up to two non-direct care individuals; or up to two healthcare environment or community-based voluntary witnesses
- Allow advance care planning documents to be signed and witnessed using Electronic Signature (eSignature), so long as all parties agree an electronic method will be used and it is signed using a service consistent with the requirements in the Uniform Electronic Transaction Act (UETA)
- Incorporate Michigan Executive Order No. 2020-187 titled 'Encouraging the use of electronic signatures and remote notarization, witnessing, and visitation during the COVID-19 pandemic' into existing law to extend this offering indefinitely

FEDERAL INTEROPERABILITY RULEMAKING

In early 2020, the US Department of Health and Human Services' (HHS) Centers for Medicare and Medicaid Services (CMS) and Office of the National Coordinator for Health IT (ONC) released rulemaking to regulate the exchange of health data. According to CMS, the purpose of their rulemaking was to "improve the electronic exchange of health care data," "streamline processes related to prior authorization," and "require increased patient electronic access to their health care information." CMS considers the rulemaking crucial in "reducing overall payer and provider burden and improving patient access to health information."[18] Complimentary to CMS' rulemaking, ONC finalized provisions to increase data standards and ensure patient

[16] Link to Michigan Uniform Electronic Transaction Act: http://www.legislature.mi.gov/(S(pk3gzlpx0pqvhdlfydngjknv))/documents/mcl/pdf/mcl-Act-305-of-2000.pdf
[17] Link to Michigan Executive Order No. 2020-187: https://content.govdelivery.com/attachments/MIEOG/2020/09/29/file_attachments/1558830/EO%202020-187.pdf
[18] CMS (2020), Reducing Provider and Patient Burden by Improving Prior Authorization Processes, and Promoting Patients' Electronic Access to Health Information. https://www.cms.gov/Regulations-and-Guidance/Guidance/Interoperability/index

information is not unnecessarily restricted from their access, i.e. via "information blocking."[19] Both agencies are enabled to issue this rulemaking pursuant to the 21st Century Cures Act, which charges HHS with enabling patient access to view their consolidated clinical and health plan information in mobile applications supported by standardized data messaging protocols.

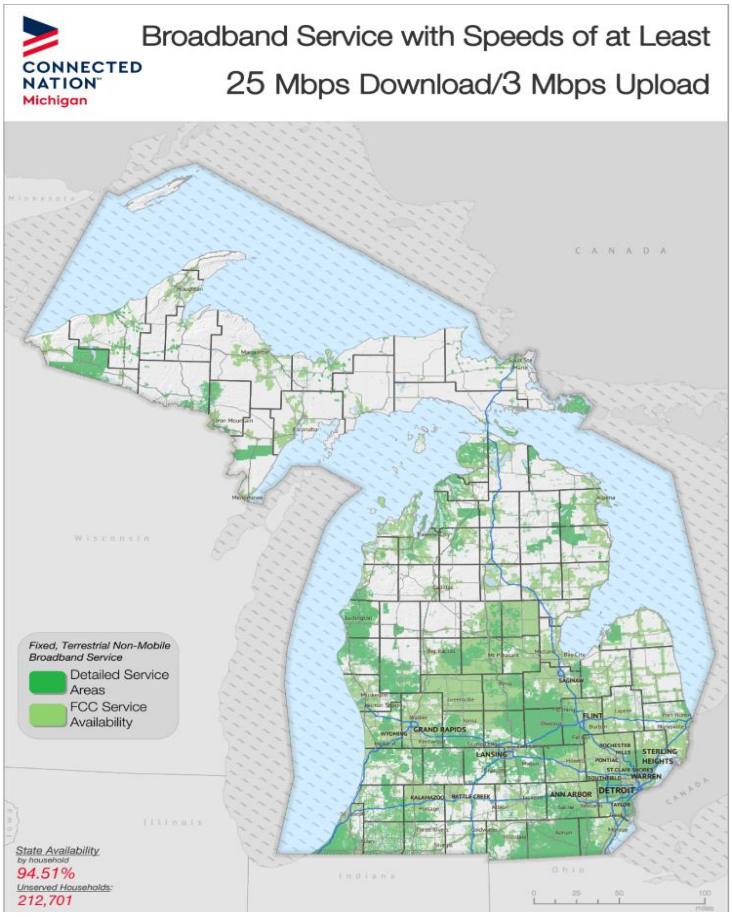
One of the landmark mandates to come out of the 21st Century Cures Act was the commitment to a HIPAA principle titled Right of Access, in which patients were entitled to receive their own healthcare information, in a reasonable format, at little to no cost. To meet compliance with CMS and ONC rulemaking, MiHIN, with collaborative funding from MDHHS and CMS Advanced Planning Documents, developed the InterOp (IO) Station to accommodate statewide Medicaid beneficiary access to their own healthcare through mobile applications. The Commission received an overview from MiHIN on its IO Station at its November 2020 public meeting.

In support of MDHHS and state partners in implementing solutions to meet compliance with CMS and ONC rules, the Commission will continue to advise health information exchange entities, like MiHIN, on how interoperable solutions can be advanced to reduce provider burden, cost, and regulatory strain across the state.

BROADBAND ACCESS

At the local level, a significant number of stakeholders have expressed frustration with not being able to connect to technical solutions, whether hosted by the state, by local agencies, or by hospitals or health systems. Fundamental to this issue, the Commission acknowledges the limitation of inaccessible or inadequate broadband services across the state. According to stakeholder feedback collected from forums, surveys and interviews, access to broadband internet and cellular services continues to be a significant challenge for many rural and underserved urban populations. While Michigan has made significant investments in health IT tools, many providers and clients lack the ability to consistently connect when needed. Increasing broadband access is a foundational element to expanding the adoption and use of existing health IT and data tools. This limitation disproportionately affects the work of emergency medical service providers in rural or underserved areas, especially when attempting to connect to critical data systems needed to triage the care of a patient.

[19] HHS Press Office (2019), HHS Proposes New Rules to Improve the Interoperability of Electronic Health Information. https://www.hhs.gov/about/news/2019/02/11/hhs-proposes-new-rules-improve-interoperability-electronic-health-information.html



Rural, vulnerable, and underserved populations are at risk of wider health inequities and racial disparities when they lack consistent access to internet services and cellular phones with data and text messaging. As demonstrated in the September 2020 map from Connected Nation, significant service gaps exist across the state.[20] While federal service limits start at download speeds of 10 megabytes per second (displayed in light green above), far fewer communities in the state have access to higher speed internet (e.g., download speeds of 25 megabytes per second, displayed in dark green above). Moreover, with the gaps in high-speed internet access, residents are unable to access resources that increase their wellbeing, such as education, remote work, and telemedicine services. Throughout 2020, the Commission considered the immense role of broadband access in its roadmap strategy, the barriers many residents face, and, in response, has supported the work of the governor's Connecting Michigan Taskforce.[21]

The Commission strongly recommends that the legislature consider the importance of broadband access in improving the health and economic stability of Michiganders.

PREVIEW OF 2021 COMMISSION ACTIVITIES

In 2021, the Commission intends to draft, validate, and publish a 5-year Roadmap strategy document. To complete the Roadmap, the Commission will continue to engage stakeholders and the public to ensure that its plan align with their needs. The following sections outline the

[20] Link to Connected Nation Michigan: https://connectednation.org/michigan/
[21] Information about the Connecting Michigan Taskforce: https://www.michigan.gov/whitmer/0,9309,7-387-90499_90640-542115--,00.html

activities the Commission will pursue in 2021 to complete the Statewide Roadmap and ensure continuity of the strategy and its success into the future.

TIMELINE FOR ROADMAP DEVELOPMENT

Before its fourth quarter public meeting in 2021, the Commission plans to adopt a final Roadmap document to publish and disseminate to the public. However, before a final Roadmap document is drafted, the Commission will offer several opportunities for stakeholders to comment and validate draft roadmap strategies throughout 2021.

Roadmap Timeline

2021 Q1
- Conclude stakeholder interviews and close online surveys
- Analyze information collected; conduct gap analysis to identify any missing stakeholder sectors
- Plan targeted virtual focus groups to collect input from missing stakeholder sectors

2021 Q2
- Conduct virtual focus groups for missing stakeholder sectors
- Draft environmental scan and Roadmap recommendations
- Facilitate stakeholder feedback to validate environmental scan findings and draft recommendations

2021 Q3
- Facilitate public comments to validate environmental scan findings and draft recommendations
- Submit the Draft 5-Year Statewide Health IT and HIE Roadmap to Commission (September 2021)

2021 Q4
- Commission adopts and publishes Michigan's 5-Year Statewide Health IT and Health Information Exchange Roadmap
- Roadmap is shared with legislative and executive branches of Michigan government, and made available electronically to stakeholders and consumers

2022-2027
- Utilize Commission and its committees to prioritize, guide, and evaluate implementation of Roadmap initiatives
- Continue stakeholder engagement and iteratively update Roadmap strategies

CONTINUITY AND NEXT STEPS

Over a decade has passed since the Michigan's last health IT strategy document was published. To ensure strategies continue to be updated and reflect the current and future needs of stakeholders, the Commission will need to implement an ongoing sustainability plan as part of its duties to oversee implementation of the Roadmap. With that in mind, the Roadmap is expected to include recommended strategies for the Commission related to:

1. Process frameworks for the Commission to use as iterative updates to the Roadmap are needed
2. Potential changes to governance (e.g., Commission committees or other public forums) to assist in prioritizing and evaluating Roadmap initiatives and ensuring continuity of collaborative efforts are supported by state leaders across both public and private sectors

The Commission seeks to avoid letting another decade pass without updating Michigan's health IT strategies and thus is taking steps to ensure the Roadmap is maintained as a living document.

Throughout 2021, the Commission will work to establish advisory committees to expand its capabilities to engage and recommend strategies in discrete topic areas. These topic areas, including adoption and expansion of health information technology and services, ideation of potential innovations, and governance of health IT investments and appropriate data use, encompass the subjects that a statewide Roadmap will likely address. Once a final Roadmap is published, the Commission may expand the use of these committees to provide spaces for continued engagement and guidance from stakeholders, into the future.

Finally, to provide oversight and accountability, the Commission will work to update the metrics and tracking it uses to gauge success of Roadmap implementation. In 2022, the Commission will establish actionable criteria and make progress toward objectives transparent to stakeholders and the general public. Given that Roadmap success will require cooperation from both public and private entities, implementation metrics will provide clear goals for collective action.

The Commission looks forward to publishing a new statewide Roadmap for Michigan in 2021, and to being an active partner to the Michigan legislative and Executive branches, to staff and leadership of MDHHS, and to the committed organizations and individuals across the state who are contributing to the development of Roadmap priorities and will be key to successful execution of Roadmap strategies.

COMMISSION RESOLUTIONS

The following section outlines all resolutions approved by the Health IT Commission since 2008. This section also includes information on the implementation status of each resolution.

Resolution Number	Resolution Text	Year Adopted	Implemented
2008-01	The HIT Commission recommends that Michigan continue to provide grant funding for the MiHIN program to support a statewide infrastructure to ensure statewide exchange of health information.	2008	Yes
2008-02	Recognize in all State of Michigan activities the HIT Commission adopted definition of Health Information Exchange (HIE).	2008	No
2008-03	The Commission recommends that Michigan identify a place in the Public Health Code to Define HIE and serve as an expandable section for future HIE legislation.	2008	No
2008-04	The HIT Commission recommends that Michigan establish "Informed Opt-out" as the method of consumer control for protected health information in an HIE.	2008	Yes (Under the State HIE Cooperative Agreement Program)
2008-05	The HIT Commission recommends that a statewide infrastructure be developed to ensure that there is communication between HIEs. The recommended infrastructure is called a Master Patient Index (MPI) and a Record Locator Service (RLS). The HIT Commission recommends that the State of Michigan develop and implement an MPI and RLS to facilitate the sharing of information statewide.	2008	Yes
2009-01	The HIT Commission recommended to MDCH that the overall goals of MiHIN should remain: 1.) Utilizing technology to improve healthcare outcomes and clinical workflow. This includes improving quality and safety, increasing fiscal responsibility, and increasing clinical and administrative efficiency; and 2.) Empower citizens with access to information about their own health.	2009	Yes
2009-02	The HIT Commission recommended to MDCH that a new MiHIN approach should centralize certain elements of HIE technology and administration at the statewide level in order to attain the optimal economy of scale and achieve the most efficient use of available resources.	2009	Yes
2010-01	State of Michigan MiHIN Shared Services Strategic Plan – In lieu of a traditional 2010 Annual Report, the HIT Commission adopted the State of Michigan MiHIN Shared Services Strategic Plan that was submitted to answer the	2010	Yes

	announcement of the Office of the National Coordinator (ONC) State Health Information Exchange Cooperative Agreement Program Award.		
2010-02	The HIT Commission recommended that a member from the MiHIN initiative should be added to the HIT Commission. This member would be responsible for considering the impact of proposed recommendations, policies, and program activities may have on the statewide exchange of health information.	2010	No
2011-01	The HIT Commission is upholding the recommendation from 2010 and adding an additional request for a member to be added to represent either the behavioral health or long-term care fields. Currently, there are no members on the HIT Commission that solely represent either of these important areas of healthcare in Michigan. The HIT Commission recommends that membership be capped at 15 members, and therefore only two new members should be added to the existing 13 members.	2011	No
2011-02	The HIT Commission recommends that Michigan should continue to support the expansion of broadband to all areas of the state and that oversight is in place to ensure that it is affordable for clinician purchase.	2011	No
2011-03	The HIT Commission recommends that as updates are made to the Michigan Public Health Code, the use of HIT should be acknowledged and encouraged. The way that healthcare is organized and administered is changing using technologies at the point of care, in the administration of care, and in payment. Michigan's governing law should be altered to reflect these changes and pave the way for continued innovation in HIT.	2011	No
2011-04	The HIT Commission recommends that the need for consumer education about HIT be addressed through a consistent statewide campaign. Further, a resource should be identified to field questions and concerns from the public. The HIT Commission does not recommend whether this is a publicly or privately led initiative, only that the resources are clearly identified and available for consumers to provide privacy and security information.	2011	Ongoing
2012-01	For the 2012 report, the HIT Commission is recommending a member to be added to represent the behavioral health, nursing field or long-term care fields. Currently, there are no members on the HIT Commission that solely represent any of these important areas of healthcare in Michigan. The HIT Commission recommends that membership be capped at 15 members, and therefore only two new members should be added to the existing 13 members.	2012	No

2012-02	The HIT Commission recommends that as updates are made to the Michigan Public Health Code, the use of HIT and HIE should be acknowledged and encouraged. The way that healthcare is organized and administered is changing using technologies at the point of care, in the administration of care, and the exchange of clinical data. Michigan's governing law should be altered to reflect these changes and pave the way for continued innovation in HIT and HIE.	2012	No
2013-01	The HIT Commission recommends partnering with the Michigan Healthcare Cybersecurity Council (MiHCC), a task force formed as an action from the Governor Snyder's Cyber Security Advisory Council, to review and potentially adopt cyber security recommendations in the Cyber Security White Paper.	2013	Yes
2013-02	The HIT Commission recommends that the CIO Forum, Diversion Council, and MiHIN collaborate on producing a common form. This initiative will continue into 2014 activities, in which the HIT Commission will review the final product for formal recommendation to the Department of Community Health.	2013	Yes
2013-03	The Michigan Health Information Technology Commission strongly encourages MiHIN (the Michigan Health Information Network) to complete the development of Qualified Data Sharing Organization criteria, to publicize and make known those criteria, and to encourage the appropriate organizations to participate in facilitating the exchange of health information throughout the State of Michigan.	2013	Yes
2014-04	In 2013, the HIT Commission recommended that the CIO Forum, Diversion Council, and MiHIN collaborate on producing a common form. The HIT Commission recommends the Department of Community Health adopt the work produced by the aforementioned collaboration and use in response to PA 129 of 2014.	2014	Yes
2015-01	The HIT Commission supports the utilization of the Active Care Relationship Service and Common Key statewide service to achieve the policy goals of the Department. The HIT Commission also encourages Michigan healthcare stakeholders to participate in the following use cases: Active Care Relationship Service, Common Key Statewide Service, and Statewide Health Provider Directory. The HIT Commission recommends that the use cases should be implemented in a manner that promotes usability and addresses workflow issues for providers. The HIT Commission also encourages stakeholders to work together to achieve consensus and resolve barriers that are related to implementation of the use cases.	2015	Ongoing

2016-01	The Michigan Health Information Technology Commission recommends a proposal for legislation to be enacted that addresses statewide adoption and use of Electronic Prescribing Controlled Substance (EPCS). The proposed legislation should be modeled after New York and Maine, who have enacted legislation to address the rising rates of prescription drug abuse by strengthening the controlled substance prescription monitoring program through mandatory electronic prescribing efforts.	2016	Yes (Public Acts 134, 135 and 136 of 2020)
2016-02	The Michigan Health Information Technology Commission recommends that the Michigan Prescription Drug and Opioid Abuse Commission and the Michigan HIT Commission establish a relationship that promotes coordination and collaboration in addressing and implementing the recommendations outlined in the Michigan Prescription Drug and Opioid Abuse Task Force's Report of Findings and Recommendations for Action.	2016	Ongoing
2017-01	The HIT Commission endorses the proposed updates to the standard consent form that was established under Public Act 129 of 2014. The commission also encourages MDHHS to analyze the tools that the department has at its disposal (including but not limited to CareConnect360) to enhance the sharing of physical health and behavioral health information.	2017	In Progress
2017-02	The HIT Commission expresses its support for the statewide efforts to develop a standard framework for care coordination as summarized in the "Building Michigan's Care Coordination Infrastructure" report. The HIT Commission also expresses its support for the definition of "care coordination" from the report and encourages the department to review and consider this definition. Finally, the HIT Commission requests that the department provide an update to the HIT Commission at the first meeting in 2018 on whether the definition could be adopted as a statewide standard. The department should address the following issues as part of the update: • How does the definition from the report align with definitions for care coordination from other sources? • Which policies and programs would be impacted by the adoption of a standard definition? • What is the regulatory authority under which the department could adopt a standard definition?	2017	In Progress

2017-03	The HIT Commission recommends that the department develop a strategy for aligning different quality reporting and improvement efforts across the state. This strategy should be coordinated with the ongoing efforts of the Physician-Payer Quality Collaborative but should also encompass other initiatives across the state. The HIT Commission also encourages the department to include a representative from the commission as part of ongoing discussions about this strategy. Finally, the HIT Commission requests that the department provide an update on the strategy at the first meeting in 2018.	2017	In Progress
2019-01	The HIT Commission recommends the reconvening of stakeholders to update the Conduit to Care report into a modern 5-year strategy roadmap. An updated HIT roadmap will enable the state to align under common goals and identify barriers to interoperability and adoption of health information technology and information exchange. The HIT Commission will use an updated HIT roadmap to its guide activities and functions.	2019	In Progress